

ATTENTION

Effective January 1, 1998, a person may not fill a contact lens prescription in Texas, or sell, deliver, or dispense contact lenses to any person in Texas unless he or she holds a valid contact lens dispensing permit or is not required to obtain a permit according to law.

You have received this packet because your name and address was referred by the Texas Optometry Board, the Certified Opticians Association of Texas, the Opticians' Registry, or from another source. This packet of information is required by the Texas Contact Lens Prescription Act (House Bill 196, 75th Texas Legislature, 1997). The following information is enclosed:

- C the Texas Contact Lens Prescription Act
 - C a public information brochure
 - C an application form for an individual optician or a sole proprietor to obtain a contact lens dispensing permit
 - C an application form for a corporation or other business entity to obtain a contact lens dispensing permit
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You ARE REQUIRED to obtain a contact lens dispensing permit if:

1. You are an optician or the sole proprietor of an optical business that sells, delivers, or dispenses contact lenses to consumers in Texas.
2. You are the authorized representative of a corporation or other business entity that sells, delivers, or dispenses contact lenses to consumers in Texas.

If you are required to obtain a contact lens dispensing permit, complete the appropriate application form and mail with the permit fee to the address shown on the application form. Keep the other information on file for reference.

**PERMIT APPLICATIONS MUST BE POSTMARKED
NO LATER THAN NOVEMBER 20, 1997**

You ARE NOT REQUIRED to obtain a contact lens dispensing permit in order to dispense contact lenses in Texas if:

1. You are a licensed physician.
2. You are a licensed pharmacist.
3. You are a licensed optometrist or therapeutic optometrist.
4. You are an employee of a licensed physician, pharmacist, optometrist, or therapeutic optometrist who performs contact lens dispensing services under their direct supervision and control.
5. You are an employee of a corporation or other business entity that holds a valid contact lens dispensing permit.

If you are not required to obtain a permit, the brochure and the Act will be of interest to you. Please keep the other information on file for reference or share it with someone who may need it.

Application for Contact Lens Dispensing Permit

Budget ZZ041

Individual or Sole Proprietor

Fund 156

Contact Lens Dispensing Permit Program

Texas Department of Health

P. O. Box 12197

Austin, Texas 78711-2197

(512) 834-4515

This application is for an individual or a sole proprietor who is required to obtain a contact lens dispensing permit. Corporations and other business entities required to obtain permits must complete the form *Application for Contact Lens Dispensing Permit - Corporation or Other Business Entity*.

All questions must be answered. Failure to do so may result in delays in the processing of your application.
Please type or print legibly.

1. Name of applicant: _____
Last First Middle or Maiden

2. Date of birth: _____

3. Social security number: _____

4. Preferred mailing address: _____
Street Address or P.O. Box Suite or Apartment number

City

State

Zip

NOTE: All mail will be sent to the preferred mailing address you list in item 4 without regard to any other address that may appear on this application or on the envelope in which it was mailed. Changes in the preferred mailing address should be reported in writing to the Contact Lens Permit Program, 1100 West 49th Street, Austin, Texas 78756-3183.

5. Home telephone: _____ Business telephone: _____

6. Do you possess any professional or occupational licenses, registrations, certificates, or permits issued by any state, jurisdiction or territory? _____ YES _____ NO

If YES, state profession or occupation; license, certificate, registration, or permit number; name and address of the issuing jurisdiction, and date issued: _____

7. Have you ever been denied a professional or occupational license, certificate, registration, or permit? _____ YES _____ NO If YES, provide the date and briefly state the reason(s):

8. Have you ever had a professional or occupational license, certificate, registration, or permit revoked, cancelled, or suspended? _____ YES _____ NO

If YES, provide the date and briefly state the reason(s):

9. Have you ever been convicted of a felony or misdemeanor? _____ YES _____ NO

Have you ever entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony or misdemeanor? _____ YES _____ NO

If you answered yes to either of the above, complete this section. Provide the following information for **all** felony and/or misdemeanor offenses. Include any convictions which are currently on appeal. Attach additional information and documentation or use additional sheets if appropriate.

Indicate offenses(s) committed _____

Date(s) of conviction(s) _____ Sentence(s) _____ Fine(s) _____

City, County and State where offense(s) committed _____

List other names you have used: _____

Are you/were you on probation/parole? ____ Yes ____ No If yes, discharge date: _____

10. **Provide the trade names and addresses of all locations in which you intend to conduct business:**
(Use additional sheets if necessary.)

11. **Permit Fees**

Are you a registered dispensing optician (in any category) with the Opticians' Registry (Texas Department of Health)?

_____ YES; my registration number is _____ _____ NO

If your answer is yes, refer to your registration certificate to determine your next expiration date. Submit the prorated fee (shown on the enclosed chart) that corresponds with your next expiration date. Your contact lens dispensing permit will expire on the same date.

If your answer is no, the permit fee is \$25.

NOTE: Enclose with this application a check or money order for the appropriate fee made payable to Texas Department of Health and mail to the address shown at the top of the form. You will be required to pay additional fees in order to renew the permit. After you are approved for a permit, you will receive information about annual permit renewal procedures and fees.

STATEMENTS OF ASSURANCE

Read and initial each statement to certify that you understand and agree to immediately comply with the statement.

- _____ I will comply with all state and federal laws and regulations regarding the sale, delivery, and dispensing of contact lenses.
- _____ I have read and understand the Texas Contact Lens Prescription Act and I agree to comply with its provisions.
- _____ I understand that fees and materials submitted in the application process are the property of Texas Department of Health and will not be refunded or returned.
- _____ I agree that, if I am issued a permit, I will return the permit if disciplinary action is taken against the permit as provided in the Texas Contact Lens Prescription Act.

PLEASE READ CAREFULLY

In making application to the Texas Department of Health (the department) for the issuance of a contact lens dispensing permit, I have read and agree to abide by the Texas Contact Lens Prescription Act (the Act). Upon issuance of a permit, I agree to be bound by the Act. I am aware of the schedule of fees and understand that additional fees must be paid to keep the permit current. I agree to hold the Texas Department of Health and its officers, employees, and agents, free from any damage or claim by reason of any action they or any one of them take in connection with this application. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application. I further agree that if issued a permit, upon the revocation, suspension or cancellation of that permit, I shall return the permit to the department.

The disclosure of a social security number is required under the Family Code, Section 231.302. Social security numbers are used for identification purposes and are confidential except as to the child support enforcement division of the Office of the Attorney General.

The information which I have provided in this application is truthful and complete. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a permit, or the revocation of my permit.

Date

Signature of Applicant

The State of _____)

County of _____)

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are truthful and complete.

GIVEN under my hand and seal of office, this _____ day of _____, 19____

Notary Public in and for _____ County, Texas or _____

(Signature of Notary)

(Printed Name of Notary)

(Commission Expiration Date)

PRORATED FEE CHART

INITIAL CONTACT LENS DISPENSING PERMIT

FOR OPTICIANS REGISTERED WITH THE OPTICIANS' REGISTRY

NOTE: If you are not a registered optician with the Opticians' Registry, your initial permit fee is \$25.00. Please refer to the application form for more information.

If your optician registration expires on:	Your first-time fee for the contact lens permit is:	Your contact lens permit will expire on this date:
		Your annual renewal fee of \$10.00 will be due at that time. You will receive notice of renewal approximately 6 weeks prior to the expiration date.
October 31, 1997	\$8.34	October 31, 1998
November 30, 1997	\$9.17	November 30, 1998
December 31, 1997	\$10.00	December 31, 1998
January 31, 1998	\$10.00	January 31, 1999
February 28, 1998	\$1.70	February 28, 1998
March 31, 1998	\$2.53	March 31, 1998
April 30, 1998	\$3.36	April 30, 1998
May 31, 1998	\$4.19	May 31, 1998
June 30, 1998	\$5.02	June 30, 1998
July 31, 1998	\$5.85	July 31, 1998
August 31, 1998	\$6.68	August 31, 1998
September 30, 1998	\$7.51	September 30, 1998
October 31, 1998	\$8.34	October 31, 1998

Application for Contact Lens Dispensing Permit Corporation or Other Business Entity

Budget ZZ041

Fund 156

Contact Lens Dispensing Permit Program
Texas Department of Health
P. O. Box 12197
Austin, Texas 78711-2197
(512) 834-4515

This application is for a corporation or other business entity that is required to obtain a contact lens dispensing permit. Individuals or sole proprietors who are required to obtain permits must complete the form *Application for Contact Lens Dispensing Permit - Individual or Sole Proprietor*.

All questions must be answered. Failure to do so may result in delays in the processing of your application.
Please type or print legibly.

1. **Name of applicant:** _____

2. **Preferred mailing address:** _____
Street Address or P.O. Box Suite or Apartment number

City State Zip

NOTE: All mail will be sent to the preferred mailing address you list in item 2 without regard to any other address that may appear on this application or on the envelope in which it was mailed. Changes in the preferred mailing address should be reported in writing to the Contact Lens Permit Program, 1100 West 49th Street, Austin, Texas 78756-3183.

3. **Business telephone:** _____

4. **Has your business entity ever had a contact lens dispensing permit, license, registration, or certificate denied, revoked, cancelled, or suspended?**

_____ **YES** _____ **NO** If YES, please provide the name and address of the issuing agency
and a brief explanation of the facts: _____

5. **Provide the trade names and addresses of all locations in which you intend to conduct business:**
(Use additional sheets if necessary.)

6. **Permit Fees: \$100 for each location. Enclose with this application a check or money order made payable to Texas Department of Health.**

(NOTE: The Texas Contact Lens Prescription Act provides that a corporation or business entity that has 10 or more locations may obtain a single permit for the entity and its employees.)

7. **Type of Ownership**

Check one: ☐ Corporation
☐ Partnership
☐ Other (Specify: _____)

8. **Enclose a list that shows the names and addresses of all officers, directors, registered agents, and major shareholders.**

9. **Franchise Tax:** **Please submit with your initial and/or renewal application a current letter of good standing or exemption from taxes from the Office of the State Comptroller or a notarized certification that the tax owed to the State of Texas under the Tax Code, Chapter 171, is not delinquent or that the corporation is exempt from the payment of the tax and is not subject to the Tax Code, Chapter 171.**

Franchise Tax Identification Number: _____

If your business entity is a corporation, state law requires the Texas Department of Health to verify if a corporation is delinquent in payment of franchise tax. A state agency may not grant a permit to a corporation found to be delinquent in payment of the state franchise tax.

STATEMENTS OF ASSURANCE

Read and initial each statement to certify that you understand and agree to immediately comply with the statement.

_____ The corporation or business entity and its employees will comply with all state and federal laws and regulations regarding the sale, delivery, and dispensing of contact lenses.
_____ I have read and understand the Texas Contact Lens Prescription Act and I agree to comply with its provisions.
_____ I understand that fees and materials submitted in the application process are the property of Texas Department of Health and will not be refunded or returned.
_____ I agree that, if the corporation or business entity is issued a permit, I will return the permit if disciplinary action is taken against the permit as provided in the Texas Contact Lens Prescription Act.

CERTIFICATION

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person who is the **AUTHORIZED REPRESENTATIVE** of the corporation or other business entity, and acknowledged to me that all information contained in this document and accompanying documents is truthful and complete.

Signature of authorized representative

Printed name of authorized representative

GIVEN under my hand and seal of office, this _____ day of _____, 19____.

Notary Public in and for _____ County, Texas or _____

(Signature of Notary)